



TOWN OF AMHERST
POST OFFICE BOX 280
AMHERST, VIRGINIA 24521
(804) 946-7885
FAX (804) 946-2087

DATE _____ NO. _____

LOCATION _____

ZONING CERTIFICATE APPLICATION

Application is hereby made for a Zoning Permit in accordance with the description and for the purpose hereinafter set forth. This application is made subject to all local and state laws and ordinances and which are hereby agreed to be the undersigned and which shall be deemed a condition entering into the exercise of this permit.

	NAME	ADDRESS	PHONE NUMBER
OWNER			
CONTRACTOR/AGENT			

DESCRIPTION OF PROPOSED WORK:

- ☐ NEW CONSTRUCTION
☐ ALTERATIONS/REPAIRS
☐ SIGN
☐ CHANGE IN USE
(See back for required attachments)

UTILITIES	PUBLIC	PRIVATE	NEW	EXISTING	AVAILABILITY FEES
WATER					
SEWER					

ZONING DISTRICT

A1 R1 R2 R3 R4

CBD T1 B1 B2 E1 M1

TAX MAP #: _____

LOT: _____ BLOCK _____ SECTION _____ SUBDIVISION _____

USE OF STRUCTURE	DIMENSIONS
_____ Dwelling(s)	_____ Building Width
_____ Retail	_____ Building Depth
_____ Office	_____ Building Height
_____ Factory	_____ Lot Depth
_____ Accessory	_____ Building Setback
_____ Sign	_____ Rear Yard
	_____ Left Yard
	_____ Building Width
	_____ Right Yard
	_____ Lot Width

Notes:

Attachments: _____

Site Sketch on Back Y N

SUP Rezoning Site Plan Date: _____

I hereby certify that I have the authority to make the foregoing application and that the information given is correct and that the construction will conform with the regulations contained in the Uniform Statewide Building Code, Town of Amherst Zoning and Subdivision Ordinance, and private building restrictions, if any, which may be imposed upon the above property by deed.

I, or we, hereby agree to restore any and all damages to sidewalks, streets, alleys, storm sewers, water and sewer pipes and facilities, gas mains, and electric installations that result from the construction described herein.

Signature _____

Owner or Authorized Agent _____

Address _____

Telephone Number _____

PLEASE CALL MISS UTILITY BEFORE YOU DIG
1-800-552-7001

____ Approved
____ Rejected

Zoning Administrator _____

Note: This permit expires 365 days after approval. Date _____